

January
2007
Issue 175



LOCAL LIAISON REPORT

to

Local Health Departments

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Michigan Department of Community Health
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PUBLIC HEALTH ADMINISTRATION

Local Health Services

Cycle Two Completes As Cycle Three Accelerates

At their January meeting the Michigan Local Public Health Accreditation Commission recommended that Wayne County be "Accredited with Commendation". With the acceptance of this recommendation by the three sister agencies of Community Health, Agriculture, and Environmental Quality cycle two of the accreditation program was completed. Congratulations to all our local health partners on jobs well done!

At this same meeting the commission had the distinction of being presented with the first agency in cycle three to complete the accreditation process. Marquette County Health Department received a recommendation to be "Accredited." * Again, this recommendation was accepted by all three sister agencies. Congratulations to the Marquette County Health Department, who accomplished this milestone in seven months!

With each successive cycle the collaboration, innovation and engagement by local health departments continues to spur quality improvements in the accreditation process. 2007 represents the most concentrated segment of cycle three with twenty-one Local Health Departments scheduled for on-site review. We look forward to seeing each of you as the cycle progresses.

*(AQIP recommended, for cycle three, to offer only the option of "accredited" status. Alternative mechanisms for achieving "commendation" status are under discussion.)

Resources for Local Health Departments and Health Officers

A new online resource for Health Officers and Local Health Departments (LHD) is available at the Michigan Department of Community (MDCH) web page. The site provides web links to resources on MDCH, legal responsibilities of a LHD and health officer, links to state and national public health partners and useful public health educational tools. Resources are intended for health officers and senior public health administrators. The website is still in the early pilot stage and user feedback is essential. To access the site go to the MDCH homepage at <http://www.michigan.gov/mdch/> then click on *Inside Community Health* at the left, then click on *Health Administration* at the left and lastly click on *Resources for Local Health Departments and Health Officers* in the center or go directly to http://www.michigan.gov/mdch/0,1607,7-132-2946_5109---,00.html. Send your comments and suggestions for improvement to Lynne Stauff stauffl@michigan.gov or via phone at 517.335.8125.

Accreditation: Cycle Two On-Site Reviews and Status

The following table provides the Michigan Local Public Health Accreditation Program cycle two status and on-site review dates for local health departments:

Michigan Local Public Health Accreditation Program: Cycle Two Status			
	Health Department	Week of Review	Status
1	Kalamazoo	3/04/02	Accreditation with Commendation
2	Branch-Hillsdale-St. Joseph	4/08/02	Accreditation with Commendation
3	Marquette	5/06/02	Accreditation with Commendation
4	Lapeer	7/08/02	Accreditation with Commendation
5	Delta-Menominee	7/22/02	Accreditation with Commendation
6	Ottawa	8/19/02	Accreditation with Commendation
7	Muskegon	9/09/02	Accreditation with Commendation
8	Tuscola	9/23/02	Accreditation with Commendation
9	Grand Traverse	10/07/02	Accreditation with Commendation
10	Chippewa	10/21/02	Accreditation with Commendation
11	Huron	11/04/02	Accreditation with Commendation
12	VanBuren/Cass	11/18/02	Accreditation with Commendation
13	Sanilac	12/02/02	Accreditation with Commendation
14	DHD #4	2/09/04	Accreditation with Commendation
15	St.Clair	2/23/04	Accreditation with Commendation
16	Bay	3/08/04	Accreditation with Commendation
17	Mid-Michigan	3/22/04	Accreditation with Commendation
18	City of Detroit	4/05/04	Accreditation with Commendation
19	DHD #2	4/19/04	Accreditation with Commendation
20	Barry-Eaton	5/03/04	Accreditation with Commendation
21	Northwest	5/17/04	Accreditation with Commendation
22	LMAS	6/07/04	Accreditation with Commendation
23	Shiawassee	6/21/04	Accreditation with Commendation
24	DHD #10	7/05/04	Accreditation with Commendation
25	Washtenaw	7/19/04	Accreditation with Commendation
26	Western UP	8/09/04	Accreditation with Commendation
27	Kent	8/23/04	Accreditation with Commendation
28	Berrien	9/06/04	Accreditation with Commendation
29	Benzie-Leelanau	9/20/04	Accreditation with Commendation
30	Dickinson-Iron	10/04/04	Accreditation with Commendation
31	Jackson	10/18/04	Accreditation with Commendation
32	Allegan	11/01/04	Accreditation with Commendation
33	Saginaw	11/15/04	Accreditation with Commendation
34	Genesee	12/06/04	Accreditation with Commendation
35	Ingham	2/21/05	Accreditation with Commendation
36	Calhoun	3/07/05	Accreditation with Commendation
37	Central Michigan	3/21/05	Accreditation with Commendation
38	Macomb	4/11/05	Accreditation with Commendation
39	Lenawee	5/02/05	Accreditation with Commendation
40	Ionia	5/16/05	Accreditation with Commendation
41	Livingston	6/06/05	Accreditation with Commendation
42	Midland	6/20/05	Accreditation with Commendation
43	Monroe	7/11/05	Accreditation with Commendation
44	Oakland	7/25/05	Accreditation with Commendation
45	Wayne	8/08/05	Accreditation with Commendation

Accreditation On-Site Review Recap

Below is a summary of the accreditation on-site review schedule from its beginning through the upcoming cycle three.

	Health	On-Site Review	On-Site Review	Status
	Department	Cycle 2	Cycle 3	
1	Kalamazoo	3/4/02	3/6/06	Completed
2	Branch-Hill-St.Joe	4/8/02	4/3/06	Completed
3	Marquette	5/6/02	5/8/06	Accredited
4	Delta-Menominee	7/22/02	7/10/06	Completed
5	Lapeer	7/8/02	7/24/06	Completed
6	Chippewa	8/5/02	8/7/06	Completed
7	Ottawa	8/19/02	8/21/06	Completed
8	Muskegon	9/9/02	9/11/06	Completed
9	Tuscola	9/23/02	9/25/06	Completed
10	Grand Traverse	10/7/02	10/09/06	Completed
11	Huron	11/4/02	11/13/06	Completed
12	Van Buren/Cass	11/18/02	11/27/06	Completed
13	Sanilac	12/2/02	12/11/06	Completed
14	DHD #4	2/9/04	2/5/07	
15	St. Clair	2/23/04	2/26/07	
16	Bay	3/8/04	3/12/07	
17	Mid-Michigan	3/22/04	3/26/07	
18	City of Detroit	4/5/04	4/9/07	
19	DHD #2	4/19/04	4/23/07	
20	Barry-Eaton	5/3/04	5/7/07	
21	Northwest	5/17/04	5/21/07	
22	LMAS	6/7/04	6/4/07	
23	Shiawassee	6/21/04	6/18/07	
24	DHD #10	7/5/04	7/9/07	
25	Washtenaw	7/19/04	7/23/07	
26	Western U P	8/9/04	8/6/07	
27	Kent	8/23/04	8/20/07	
28	Berrien	9/6/04	9/10/07	
29	Benzie-Leelanau	9/20/04	9/24/07	
30	Dickinson-Iron	10/4/04	10/15/07	
31	Jackson	10/18/04	10/29/07	
32	Allegan	11/1/04	11/12/07	
33	Saginaw	11/15/04	11/26/07	
34	Genesee	12/6/04	12/10/07	
35	Ingham	2/21/05	2/18/08	
36	Calhoun	3/7/05	3/3/08	
37	Central Michigan	3/21/05	3/17/08	
38	Macomb	4/11/05	4/7/08	
39	Lenawee	5/2/05	5/5/08	
40	Ionia	5/16/05	5/19/08	
41	Livingston	6/6/05	6/2/08	
42	Midland	6/20/05	6/16/08	
43	Monroe	7/11/05	7/7/08	
44	Oakland	7/25/05	7/21/08	
45	Wayne	8/8/05	8/4/08	

Bureau of Health Promotion and Disease Control

Division of Health, Wellness and Disease Control

HIV/AIDS Prevention and Intervention Section

http://michigan.gov/mdch/0,1607,7-132-2940_2955_2982---,00.html

Black AIDS Awareness Campaign

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC) in conjunction with the African American AIDS Advisory Committee (A4C) of the Michigan HIV/AIDS Council (MHAC) are planning activities during February and early March 2007 to raise awareness about HIV/AIDS among African Americans in Michigan. The 3rd annual Black AIDS Awareness Campaign will begin on February 1, 2007 (the beginning of Black History Month) and conclude March 18, 2007. This time frame allows for the 7th annual observance of National Black HIV/AIDS Awareness & Information Day (February 7), the 2nd annual National Women and Girls HIV/AIDS Awareness Day (March 10), as well as the 18th Annual Black Church Week of Prayer for the Healing of AIDS (March 4-10). Activities planned throughout the campaign will be forthcoming.

Case Management Conference

MDCH/DHWDC/HAPIS has scheduled the 4th Annual Case Management Conference for June 20 – 22 at the Great Wolf Lodge in Traverse City. The conference is open to all case management agencies funded via Title II to provide case management. Limited space is also available to eligible Title I and Title IV agencies. This conference also serves as a re-certification opportunity for case managers, which is required every two years by MDCH/DHWDC/HAPIS. A draft conference agenda and additional information will be available in late March.

All Titles Meeting

Staff from MDCH/DHWDC/HAPIS, Ryan White Title II CARE Act (RWCA) and Title IV Programs and the Detroit Department of Health Wellness Promotion (DHWP) HIV/AIDS Programs – Title I Care Services have joined forces to coordinate quality improvement activities across the Titles. The intention of coordinating quality improvement activities is to: 1) reduce administrative burden for providers; 2) use similar, or the same indicators across all Titles; 3) share quality improvement data, and 4) improve health outcomes for RWCA consumers. This group will meet again Tuesday, January 30th at Cadillac Place in Detroit to discuss what each Title does regarding quality improvement activities, develop key areas to improve coordination as well as the development a quality improvement plan on coordination.

2006 Sexually Transmitted Disease Treatment Guidelines

A podcast on the 2006 Sexually Transmitted Disease Treatment Guidelines, is available from the CDC at: <http://www.cdc.gov/std/>.

The podcast runs about 12 minutes, and serves to highlight CDC's current recommendations on STD management. Full text of the podcast can be downloaded, as well as the treatment guidelines and other STD-related materials.

Division of Chronic Disease and Injury Control

Cancer Prevention and Control Section

January is Cervical Cancer Awareness Month

No one should die of cervical cancer. Yet, in 2004, 118 Michigan women died from the disease. Regular Pap testing is the key to preventing deaths from cervical cancer because Pap tests can detect cervical cancer when it is nearly 100 percent curable.

Why is the Pap test so important? Most cervical cancers develop over many months. During this time, abnormal cervical tissue can be detected easily by a Pap test and then removed by a health care provider before the tissue develops into cancer.

The primary cause of cervical cancer is the human papilloma virus (HPV), the most common sexually transmitted virus in the United States. The FDA has recently approved a vaccine, administered in a series of three injections that prevents against two strains of HPV that are responsible for 70% of cervical cancers. This vaccine is recommended for females age 9-26.

The Michigan Cancer Consortium (MCC) recommends a regular Pap test and speculum exam for women, regardless of immunization status, beginning at age 21 or three years after the onset of sexual activity, whichever occurs first. For more information on the MCC's cervical cancer screening recommendations, please visit www.michigancancer.org.

Women under age 40 may obtain Pap tests through their health care provider, at Family Planning clinics available through local health departments, or at Planned Parenthood of Michigan affiliates located around the state.

Women age 40 to 64 who are uninsured or underinsured and whose incomes are at or below 250 percent of the federal poverty level may be eligible to obtain free Pap tests through the Michigan Breast and Cervical Cancer Control Program (BCCCP). Call 1-800-922-6266 or visit www.michigancancer.org/bcccp for more information on the BCCCP and to locate the nearest BCCCP screening site.

The BCCCP also provides further diagnostic testing, if Pap tests are abnormal, for women of all ages who qualify for the program. Women who are diagnosed with cervical

cancer or pre-cancerous conditions through the BCCCP may apply for Medicaid to pay for the needed treatment.

Human Papillomavirus (HPV) Vaccine

Cervical cancer has been found to be caused by Human Papillomavirus (HPV), which is the most common of the viruses that may be transmitted sexually. There are over 100 strains of HPV; at least 10 of these strains have been linked to cervical cancer. Once the link between cervical cancer and HPV was made, research has been directed toward developing a vaccine against HPV.

In June 2006, the FDA approved one vaccine (Gardasil® by Merck/HPV4) against four strains of HPV: two of which cause 70% of cervical cancer and two of which cause 90% of genital warts. GlaxoSmithKline is in the process of developing another vaccine (Cervarix®/HPV2) against two strains of HPV, the ones that cause 70% of cervical cancer. In August, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended the 3 immunization series HPV4 vaccine be given as:

- a routine vaccination for 11-12 year-old girls,
- a catch-up vaccination for 13-26 year-old females, and
- girls age 9-10 may receive the vaccine at provider discretion.

These recommendations were based on the need to immunize recipients, optimally, before the age of coitarche; the significant immune response noted in younger girls; the desire to include the HPV4 vaccine with the ones required for admission to middle school; and the fact that the HPV4 Vaccine, to date, had been only tested in females.

Because the HPV Vaccines immunize against the two HPV strains (#16, #18) that are responsible for 70% of cervical cancer, Pap testing will need to continue, regardless of a woman's immunization status. Currently, the recommendation by the Michigan Cancer Consortium, the American Cancer Society, the American College of Obstetrician/Gynecologists and other groups is to begin Pap testing at age 21 or 3 years after the onset of sexual activity, whichever occurs first.

Go to the Michigan Cancer Consortium website for more information on HPV, the HPV Vaccine, and cervical cancer www.michigancancer.org

Bureau of Epidemiology

Communicable Disease Division



MI FluFocus

Influenza Surveillance and
Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories



http://www.michigan.gov/documents/MIFluFocus_1_5_06_146893_7.pdf

Division of Immunization

2007 Recommended Immunization Schedules for Persons Aged 0 --18 Years

During the past year, we saw many immunization changes, both in new vaccines and new recommendations. The new schedules are posted on the MDCH website, under the Provider Information heading, www.michigan.gov/immunize. They are also posted on the CDC website at www.cdc.gov/nip.

The Advisory Committee on Immunization Practices (ACIP) has divided the 2007 schedule into two age groups: one schedule for persons aged 0--6 years and another for persons aged 7--18 years. Rota, HPV, and varicella vaccines are incorporated into the new immunization schedules. The new vaccines and recommendations are also included in the updated catch-up immunization schedule.

Health care providers are urged to thoroughly review all of the new schedules' footnotes, in addition to the schedules themselves.

Yellow Fever Vaccine Provider Application Now Posted on MDCH Website

The Yellow Fever Vaccine Provider Application is now posted on the MDCH website, as well as additional yellow fever materials and links to other websites. Ordering information for the International Certificate of Vaccination (yellow card) is also posted. Updated information will be posted as needed. Bookmark this website for all your yellow fever vaccine information needs. Visit our website soon www.michigan.gov/yellowfever.

Epidemiology and Prevention of Vaccine-Preventable Diseases Course Series

The 2007 edition of the Epidemiology and Prevention of Vaccine-Preventable Diseases satellite broadcast/webcast series will be presented on January 25, February 1, February 8 and February 15, 2007. Because of the need to include content on human papillomavirus, rotavirus, and zoster vaccines, as well as all the new ACIP recommendations (varicella, Tdap, mumps, hepatitis B) each session this year will be four hours in length, 12 pm to 4 pm Eastern Standard Time. A course description, including the tentative agenda and other details, is available on the PHTN website <http://www2.cdc.gov/phtn>. CE credit will be available for each of the four sessions individually.

10th Edition of CDC's Pink Book

It's time to order the 10th edition of the Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book). The Pink Book contains comprehensive information about routinely recommended vaccines, vaccine preventable diseases and more. The 10th edition has new chapters on rotavirus, human papillomavirus, and zoster (shingles). A hard copy of the Pink Book can be purchased for \$32 plus shipping and handling from the Public Health Foundation. To place an order, go to http://bookstore.phf.org/product_info.php?products_id=552

Bureau of Family, Maternal and Child Health

Division of Family and Community Health

National Birth Defects Prevention Month and Family Health History Month

The Michigan Department of Community Health (MDCH) is pleased to recognize January 2007 as a special time both to reduce the risk of birth defects and to increase awareness of the role of family history in health and risk for disease. Michigan Governor Jennifer M. Granholm has issued proclamations to honor both of these events in the State of Michigan.

In the New Year, the people of Michigan and their families are being encouraged to talk and share information about health conditions that run in their families, and women age 16-45 years of age should take 400 micrograms of folic acid daily especially if they are considering pregnancy.

MDCH is joining the National Birth Defects Prevention Network (NBDPN) to alert women and their families about the urgent need for good health even before thinking about becoming pregnant. "Good Health Habits for a Lifetime" is the theme of National Birth Defects Prevention Month this January, 2007. Since over half of pregnancies are not planned, it is important that women of childbearing age (16-45) achieve the best possible health *prior* to conception. This is a very important prevention strategy that too few Michigan women employ.

"We are excited to be part of this national movement promoting preconceptional health. We hope to reach millions of women across the country with this message." Said Janet Olszewski, MDCH Director.

"Just taking a multivitamin everyday can make a big difference," said Dr. Kimberly Dawn Wisdom, Michigan's Surgeon General. "Taking at least 400 mcg of folic acid daily before becoming pregnant and throughout early pregnancy may reduce the risk of neural tube defects (NTDs) by up to 70%. These serious and devastating birth defects of the brain and spinal cord occur only days after conception, before most women even know they are pregnant." In Michigan, about 900 babies were born with NTD from 1992 to 2003. MDCH is working to increase knowledge and use of folic acid by more women of childbearing age. With support from the March of Dimes, multivitamins containing the recommended daily amount of folic acid are available *free* at participating WIC and Planned Parenthood Clinics. Michigan counties such as Mecosta and Jackson with higher NTD occurrence than the state average were the first to participate, beginning in 2005. The project was continued through 2006, allowing for outreach in additional high rate counties. The MDCH hopes to expand folic acid outreach further in 2007.

Folic acid is not only important for birth defects prevention but it also has many lifelong benefits to women and men alike. Folic acid is used for the growth and repair of cells in the body and daily use of folic acid may reduce the risk of heart disease and colon, cervical and breast cancers. Folic acid may even decrease the risk of developing Alzheimer's disease. More information about Folic Acid Awareness Week and the important health benefits of folic acid can be found on line at www.folicacidinfo.org. Spread the word about folic acid.

National Folic Acid Awareness Week is planned for January 8-14, 2007. Education about the benefits of daily folic acid supplementation is important for all women, no matter socioeconomic, racial or ethnic background. The message about folic acid is especially important for Hispanics/Latinas. The Centers for Disease Control & Prevention reports that Hispanic/Latino women consume the least amount of folic acid among all racial and ethnic groups in this country. Hispanic babies are also 1.5 to 2 times more likely than others in the U.S. to be born with a NTD. The spina bifida association website is a good source of information about this group of conditions, visit www.sbaa.org.

Another step for health promotion with lifelong benefits is family health history. Family Health History Month encourages all families to talk and share information about the

health conditions that run in their families. This month-long celebration is an extension of National Family History Day, which has been promoted by the U.S. Surgeon General every Thanksgiving since 2004. The declaration by Governor Jennifer M. Granholm to celebrate January 2007 as Family Health History Month marks a first in the Nation and the State.

Family members share environments, lifestyles, and behaviors as well as genes. Early discovery of someone at risk, coupled with early intervention services and screening, may save lives and improve long term chances of a meaningful life. To make it easier to collect a family health history, the Office of the U.S. Surgeon General has created a free web-based tool that organizes the information into a printout that you can take to a health care provider. The recently redesigned tool, "My Family Health Portrait," is available in English and Spanish at <https://familyhistory.hhs.gov/> . While collecting family health history there are 4 major points to note:

- ✓ Major medical conditions and causes of death
- ✓ Age family member began the condition and age at death
- ✓ For those with chronic diseases, note their lifestyle choices, such as smoking, alcohol use, lack of physical activity, and/or poor diet
- ✓ Birth defects and/or learning disabilities

All Michigan families are encouraged to know their family health history of birth defects, developmental disabilities, and chronic diseases and share that information with their family and health care provider, prior to pregnancy and throughout the lifespan.

For more about family history and birth defects prevention strategies including folic acid, please contact the MDCH Public Health Genomics Program toll-free at (866) 852-1247 or visit www.migeneticsconnection.org .

Michigan Model for Health®

Michigan's model health curriculum, the Michigan Model for Health® is being revised and updated, beginning with the elementary grade level lessons. The Michigan Health Education Standards, which mirror the National Health Education Standards, were used as a guide to determine the knowledge and skills to include at each grade level in the Michigan Model for Health®. All of the lessons in the Michigan Model® utilize the most recent research on how students learn best. A four-step lesson plan is used throughout the elementary grades: Introduction, Teacher Input, Application or Skill Practice, Closure. A variety of instructional strategies are used to engage students with different learning styles. The revised 4th and 5th grade lessons were released in September of 2006. A two-year rigorous evaluation of these grade level lessons is underway in over 60 Michigan and Indiana schools. An HIV, other STIs and pregnancy prevention module for high school, entitled Healthy and Responsible Relationships® will be released in February 2007. This module is responsive to the laws governing the content of sex education instruction in Michigan. Middle school and high school nutrition modules are also slated for release during the 2006/2007 academic year.

The Educational Materials Center at Central Michigan University is the official distribution center for the Michigan Model for Health® curriculum and materials. Detailed information regarding the content areas for K-6 and the middle and high-school modules can be found on the EMC website www.emc.cmich.edu . A list of School Health Coordinators, who provide

teacher trainings on the Michigan Model for Health® curriculum, and their corresponding regions, can also be found on this website. For more information about implementation in your area please contact your local coordinator.

For additional information please contact Karen Krabill Yoder at (517) 335-8908 or yoderk@michigan.gov

Child and Adolescent Health Center Program

MDCH is pleased to announce the hiring of Taggart Doll to fill our vacant Child and Adolescent Health Center Program Consultant position. Tagg will be working primarily with our Clinical Child and Adolescent Health Centers, conducting site reviews and providing agency consultation as needed. Before accepting this position, he was the Teen Pregnancy Prevention Consultant at MDCH. Tagg has a Master's Degree in Nutrition and has experience in providing evaluation and programmatic technical assistance for statewide programs.

Tagg's phone number is (517) 335-9720 or by e-mail at dollt@michigan.gov. Please join us in welcoming Tagg to the MDCH Child and Adolescent Health Center Program!

Additional information on the MDCH-CAHC program is available at www.michigan.gov/CAHC.

STI Adolescent Screening Project

The Michigan STI Adolescent Screening Project began as a pilot study in Oakland County in 2000 with two area school based health centers participating. The original project involved screening all youth ages 13 to 20 for Chlamydia and gonorrhea in special settings, including juvenile detention centers and school based health centers. This past year, MDCH was able to expand this screening project to include eight school-based health centers throughout the state including urban, suburban, and rural representation.

Preliminary results for the school-based centers for FY06 are as follows:

A total of 1,785 students were screened at the eight clinic sites in FY06. Of those screened, 75% were African American, 17% Caucasian, 5% Hispanic, 1% Asian, and 2% Other. Sixty eight (68%) percent of youth screened were female and 32% male. The average number of sexual partners reported was 3.5 for females and 8.2 for males. Twenty-seven percent (27%) of the students reported a history of a previous STD. Of those students, 19% tested positive for Chlamydia.

Overall, the positivity for Chlamydia was consistently high in all the sites, ranging between 12% to 21% for females and 18% to 25% for males. The overall positivity for gonorrhea was 3% for females and 4% for males, ranging as high as 17% in one site. Chlamydia infections in this population continue to be predominantly asymptomatic, with 58% of the females and 65% of the males testing positive, yet are asymptomatic.

Ninety-nine percent (99%) of students that tested positive were treated and encouraged to have their partners tested and treated at the school clinic; which led to treating

asymptomatic (73%) but highly positive (44% had Chlamydia, 11% had gonorrhea) partners.

These findings validate the importance of universal screening, early diagnosis, treatment and effective partner referrals for school aged youth. It should be noted that each student is asked "What is the primary reason for the clinic visit?" Nearly half (46%) of the infections would have been missed if only the students accessing the clinic for "STD reasons" were tested.

For more information on the Michigan Adolescent Screening Project results, please contact Carrie Tarry at tarryc@michigan.gov or via phone at (517) 335-8906.

Maternal Infant Health Program (MIHP)

The Michigan Department of Community Health, (MDCH) Maternal Infant Health Program (MIHP) design continued during 2006. MIHP design activities that occurred in 2006, included: pilot testing the MIHP Infant Health Screener, and the MIHP Prenatal Risk Factor Eligibility/WIC integrated form. Also during 2006, MIHP workgroups were developed for each of the ten domains included in the MIHP Prenatal Risk Factor Eligibility form. The domains are: tobacco, prenatal care, nutrition, gestational interval, transportation, basic needs, physical safety, chronic disease, substance abuse, and depression. Individuals with expertise, knowledge and background participated in the workgroups, meeting their charges, which were to develop best practice interventions, and to develop domain specific educational information and resources to be used with maternal clients.

Coordination of MIHP and WIC services continues. These outreach efforts will assist with engaging low-income pregnant women and infants in MIHP and WIC services. Development of a MIHP database is underway. Once developed, the MIHP database will provide outcome performance measures such as increased birth weight, and inter-pregnancy interval. A decrease in prematurity and lower unintended pregnancy and infant mortality are also desired outcomes.

For information on MIHP, go to www.michigan.gov. In the search box, put in Maternal Infant Health Program. For questions on the MIHP contact: Ingrid Davis at, (517) 335-9546 or Davis1@michigan.gov.

New Smoke Free Baby and Me Course

The Institute for Health Care Studies (IHCS) with Medical Service Administration, Division of Family and Community Health and the Michigan Public Health Institute developed a web-based version of the Michigan Department of Community "Smoke Free for Baby & Me" professional training program.

The goal of this course is to provide individuals caring for pregnant women with counseling strategies and interventions for smoking cessation. The course is specifically targeted toward staff in agencies contracted with MDCH to provide services to pregnant women and their infants, however, is useful for any prenatal care provider.

Registered nurses who successfully complete the course and the evaluation will receive 1.4 contact hours. Michigan State University College of Nursing is an approved provider of continuing nursing education by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

To access the course go to <http://learning.mihealth.org>

- > Login with your pass word
- > If you are not registered into the system click on the "First Time User" button
- > Complete the registration information - be sure that you remember your login and pass word - save the information
- > Return to the LMS login page and enter your login and password and click on "Go"
- > Go to the top right hand button "My Learning Path" and click on it
- > You are now at all the courses available to you. You will notice a 1, 2, 3 under the course names - click on 2 and you will find Smoke Free Baby and Me
- > Click on the course name and the course will begin

For more information on the "Smoke Free Baby and Me" course, please contact Debbie Darling at 517-432-9822 or Debra.darling@hc.msu.edu

WIC Division

New WIC Agency in Macomb County

The Michigan Department of Community Health, WIC Division, has awarded a contract based on a published Request for Proposal (RFP) for a new MACOMB COUNTY WIC SERVICE PROVIDER. New Haven Medical Center and Community Services, a company of Downriver Community Services located in New Haven, MI, has been awarded the contract to provide WIC services for eligible participants in northern Macomb County. The purpose of this contract is to eliminate the existing waiting list for WIC services in Macomb County. For more information about WIC, please visit the state of Michigan WIC website at www.michigan.gov/wic.

The Downriver Community Services WIC agency will operate under the clinic name DCS – North Macomb WIC, and is located at 58144 Gratiot in New Haven, MI 48048. The clinic will begin servicing clients on January 24, 2007 and is currently able to schedule appointments. Clinic hours of operation are Monday, Wednesday, Thursday, and Friday from 8:30am – 5:00 pm. For more information about Downriver Community Services WIC, please call 586-749-5173.

Public Health Grand Rounds

Mental Health Implications of Public Health Emergencies

The Office of Public Health Practice at the University of Michigan School of Public Health will sponsor this free event, "Mental Health Implications of Public Health Emergencies," on Wednesday, February 14 from 11:30 a.m. to 1:00 p.m. (Eastern). The event will be held at the University of Michigan School of Public Health, Crossroads Building in Ann Arbor. Register to attend or to view the live webcast over the internet. (Lunch is provided to pre-registered attendees at 11:00.) This public health Grand Rounds event is in collaboration with the Washtenaw County Public Health Department and the Michigan Center for Public Health Preparedness and represents the first in a series of grand rounds to be held by the UM SPH Practice Office.

Featured speakers:

- Sandro Galea, MD, DrPH, MPH, Associate Professor of Epidemiology at the University of Michigan School of Public Health. Dr. Galea is the co-director of the Disaster Research Education and Mentoring Center.
- Ellen J. Clement, MSW, MPH, Health Officer at Washtenaw County (Michigan) Public Health Department. Ms. Clement is the President of the Michigan Association of Local Public Health.

Moderator: Matthew Boulton, MD, MPH, Associate Dean, Office of Public Health Practice, University of Michigan School of Public Health

The program will begin with Dr. Galea and Ms. Clement framing the topic from research and practice perspectives; a panel of topic experts will respond to their presentations and will conclude with a question and answer session in which Dr. Boulton will facilitate a discussion with panel, webcast and audience members. For more information about the Public Health Grand Rounds event and webcast, or to register, visit www.mipreparedness.org.

http://www.sph.umich.edu/micphp/pdf/Grand_Rounds_Feb_07_Flyer.pdf